

Name  
in  
Full

Mrs. Margaret Brauning

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

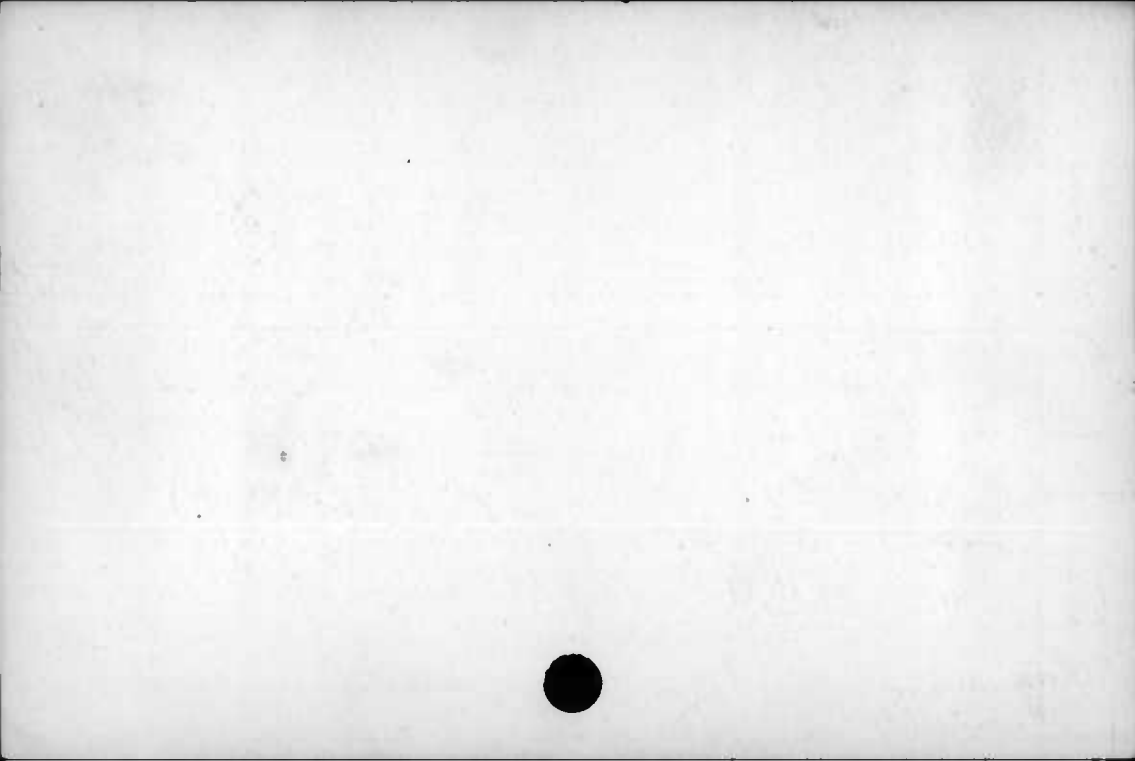
Died at <i>Oakland</i>		Town <i>Oakland</i>		County <i>Porter</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>61</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Fords Co Md.</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Oakland Md</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Stephen Brauning</i>						
Father's Name <i>Wm. Bosteel</i>	Father's Birthplace <i>Do not know</i>						
Mother's Maiden Name <i>Mrs. Brant</i>	Mother's Birthplace <i>Do not know</i>						
Name of person giving information <i>Daughter</i>	How related to deceased						

## CAUSES OF DEATH

145

PHYSICIAN  
OR CORONER

Primary <i>Coronary</i>	How long
Immediate <i>Coronary</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Threlkeld</i>
	Address <i>Oakland Md</i>
Accident or Suicide?	



Name

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Infant child of Alexander Georg &amp; wife

## CERTIFICATE OF DEATH

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NEAREST FRIEND

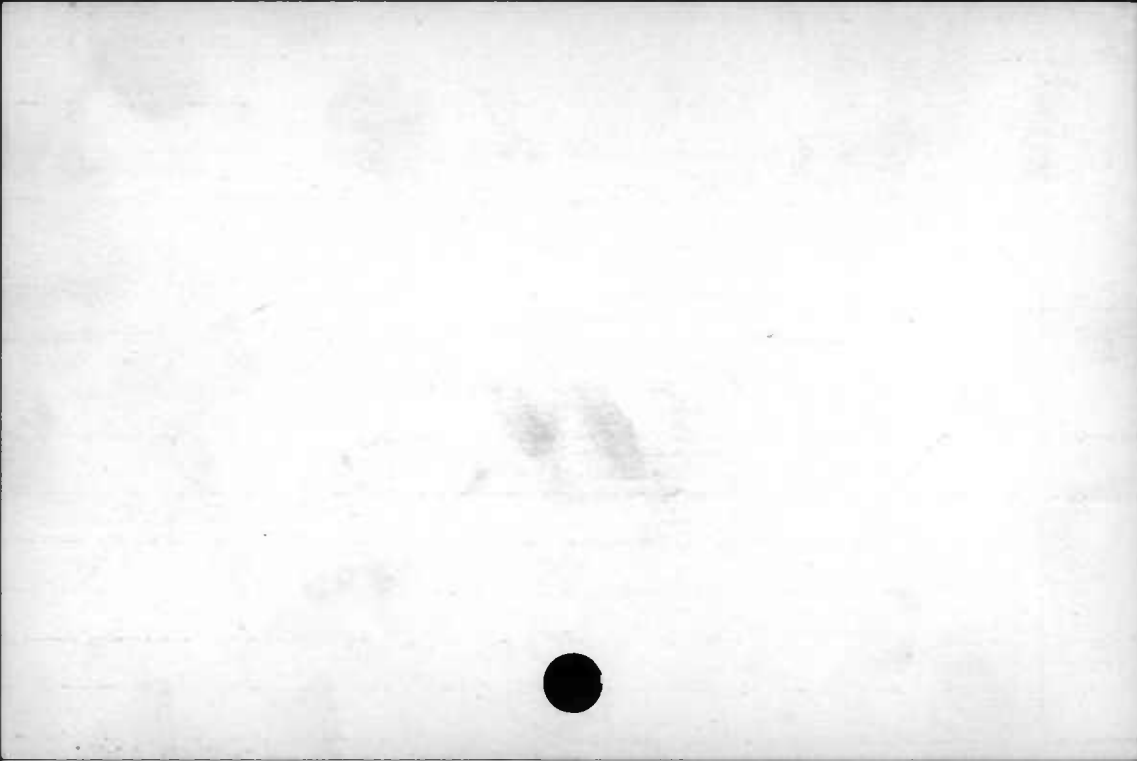
Died at <i>Hayes</i>		Town <i>Hayes</i>		County <i>Gorrell</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	19	Age	Years
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Hayes md</i>		Months <i>6 hours</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Alexander Georg</i>				Father's Birthplace <i>Accident md</i>			
Mother's Maiden Name <i>Katie Bittzel</i>				Mother's Birthplace <i>Bittzen md</i>			
Name of person giving information <i>Alexander Georg</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth 7 1/2 mo</i>	How long
Immediate	<i>Premature birth</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>yes</i>		<i>H. R. Boyer MD</i>
		Address
		<i>Accident md</i>
Accident or Suicide?		



Name  
in  
Full

Gustave A. Herrmann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mountain Lake Park		County Garrett		MARYLAND	
Date of death		Month Aug		Day 19		Years 34	
Sex Male		Color or Race White		Birth- place Baltimore, Md			
Occupation Musician		Where Residing if not at place of death Baltimore, Md					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John M. Herrmann		Father's Birthplace Germany					
Mother's Maiden Name Carrie M. Eckhardt		Mother's Birthplace Germany					
Name of person giving In formation Edwin W. Herrmann		How related to deceased Brother					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician McCormick
		Address Oakland Md
Accident or Suicide?		

Sutton

W Va

Name  
in  
Full

Richard Lovell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt Gable		County Garrett		MARYLAND	
Date of death		Month Aug		Day 19		Years 19	
Sex Male		Color or Race White		Birthplace Whiter Spring		Months 14	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		R. G. Lovell		Father's Birthplace		W. Va	
Mother's Maiden Name		Bessie Baker		Mother's Birthplace		W. Va	
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONERPrimary  
Myocardium

How long

Immediate

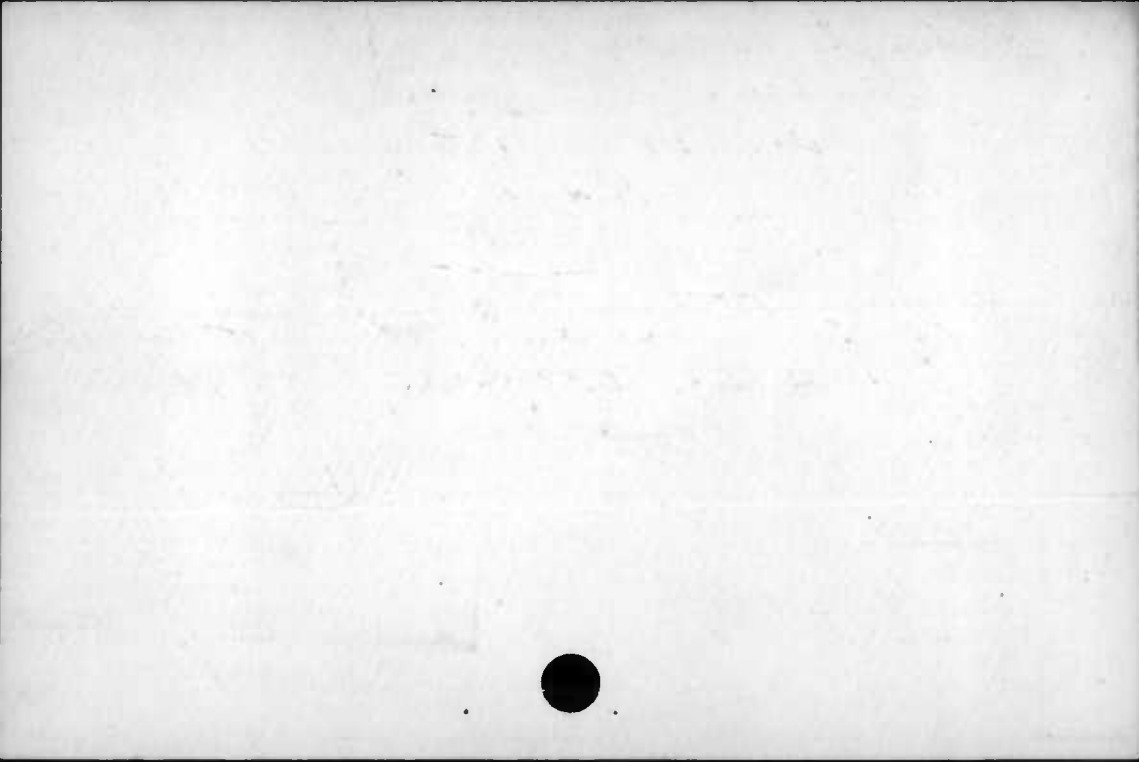
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name in Full		Sarah Margaret McKenzie				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Garretts		MARYLAND			
		Date of death		1907	Aug	5	Age	63	
		Sex		Female	Color or Race		White	Birth-place	Garrett Co
		Occupation		Housewife		Where Residing if not at place of death			
		Married, Single or Widowed		Widowed	Name of Wife or Husband		Francis McKenzie		
Father's Name		Henry Garlick		Father's Birthplace		Don't know			
Mother's Maiden Name		Lucy McKenzie		Mother's Birthplace		Don't know			
Name of person giving information		George McKenzie		How related to deceased		Son			
		CAUSES OF DEATH				120			
PHYSICIAN OR CORONER		Primary		Chronic Bright's Disease		How long		Several years	
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. L. Conroy M.D.	
				Address		Frostburg Md.			
Accident or Suicide?									

9. 11. 1911



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

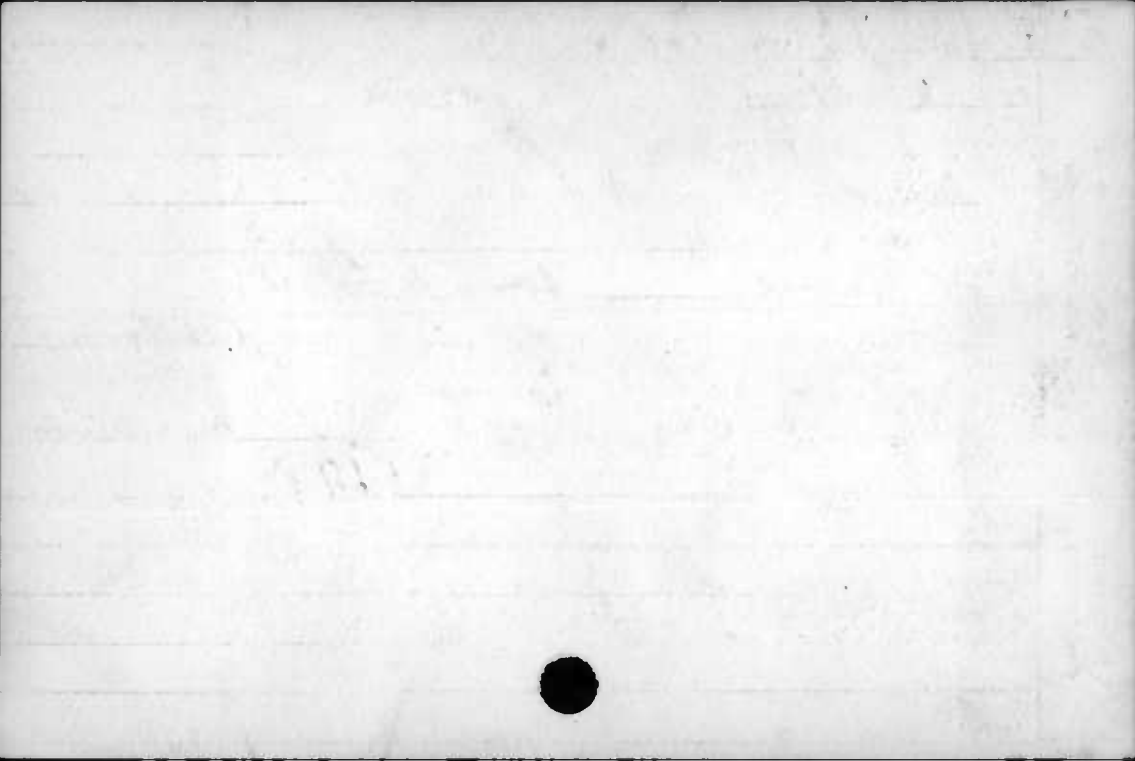
Died at <i>Oakland</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Aug.</i>		Day <i>17</i>		Age <i>66</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Occupation <i>Liverman</i>		Where Residing if not at place of death <i>Oakland</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Martin</i>			
Father's Name <i>Robert Brown</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>I I</i>		Mother's Birthplace <i>I I</i>			
Name of person giving information <i>W. G. Vinburgh</i>		How related to deceased <i>Son-in-law</i>			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Kick in abdomen</i>	How long <i>3 days</i>
Immediate <i>Peritonitis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>McKeebaugh</i>
	Address <i>Oakland</i>
Accident or Suicide? <i>Accident</i>	



Name  
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Full

Lulu Bell Platter

## CERTIFICATE OF DEATH

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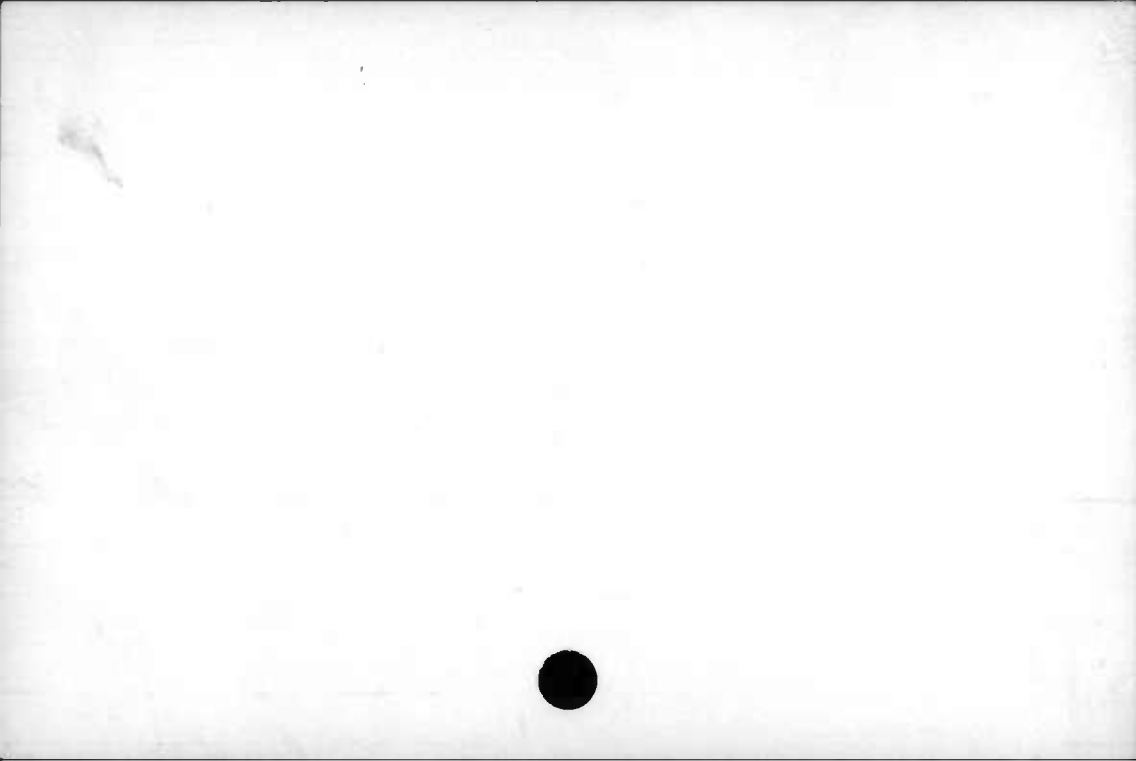
Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
7		Aug	6	2	0	2	
Sex	Female		Color or Race	White		Birth-place	Bethings Md
Married, Single or Widowed	Infant		Occupation		Infant		
Name of Wife or Husband				Infant			
Father's Name				Father's Birthplace			
Charley Platter				Bethings Md			
Mother's Maiden Name				Mother's Birthplace			
Jana Dursch				Bethings Md			
Name of person giving information				How related to deceased			
John Miller				Wife			

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	4 days
Immediate	Infantum	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. F. Robinson	
		Address	
		Rauterick	
		Garrett Md	
Accident or Suicide?			
No			



Name  
in  
Full

Annie Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Kendall</i>		Town <i>Kendall</i>		County <i>Garrett</i>	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>12</i>	Age <i>46</i>	Years <i>7</i>	Months <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm H Savage</i>				
Father's Name <i>Robert Sterling</i>	Father's Birthplace <i>W Va</i>				
Mother's Maiden Name <i>Elizabeth Sister</i>	Mother's Birthplace <i>W Va</i>				
Name of person giving information <i>Wm H Savage</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Ulceration of stomach</i>	How long <i>7</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Mason</i>
	Address <i>Friendville Md.</i>
<u>Accident or Suicide</u>	

Blooming Rose



Name  
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Robert B. Tice

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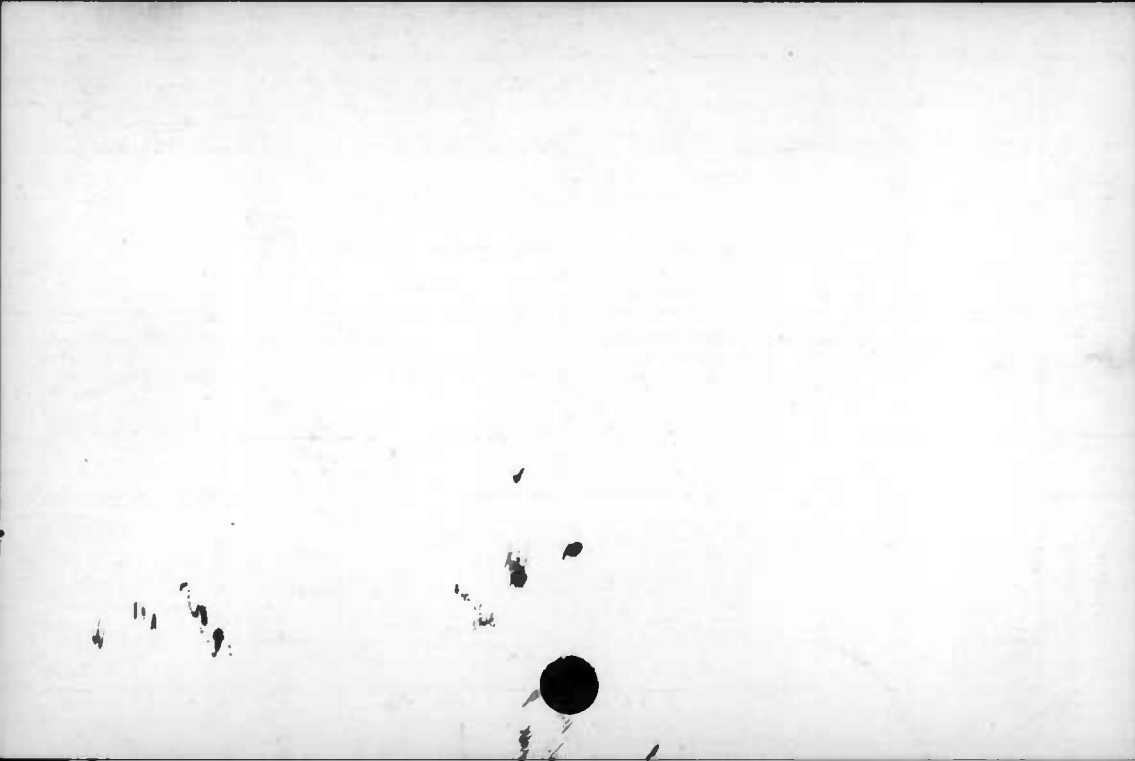
Died at <i>Stoyer</i> Town		<i>Gorman</i> County		MARYLAND	
Date of death	190 <i>7</i> Month <i>Aug</i>	Day <i>18</i>	Years <i>20</i>	Months <i>11</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>Miner</i>	Where Residing if not at place of death <i>Stoyer</i>				
Married, Single or Widowed	Name of Wife or Husband <i>None</i>				
Father's Name <i>Elmer Tice</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Pated Wilt</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>W. H. Drinkwater</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>year</i>
Immediate <i>Heart failure</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Drinkwater</i>
	Address <i>Gorman</i>
Accident or Suicide? <i>No</i>	<i>W. Va.</i>



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Kendall* <sup>Town</sup>*Garrett* <sup>County</sup>Date of death *1907* <sup>Month</sup> *Aug*<sup>Day</sup> *18*Age *—* <sup>Years</sup><sup>Months</sup> *—*<sup>Days</sup> *18*Sex *Female*Color or Race *White*Birth-place *Maryland*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *Single*Name of Wife or  
Husband *—*Father's Name *Ralph M. Bely*Father's Birthplace *Pa*Mother's Maiden Name *Catharine O. Burk*Mother's Birthplace *W. Va*Name of person giving  
information *Catharine Bely*How related  
to deceased *Mother*

## CAUSES OF DEATH

**151**Primary *Premature*How long *15 days*

Immediate

How long *" "*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*A. Mason MD*  
*7 reidsville*  
*md*

Accident or Suicide?

Steal grove yard

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *George Lommer* Town *Jennings* County *Barrett*

Died at *Jennings*

Date of death 190 *7* Month *Aug* Day *8* Age *68* Months *5* Days *28*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Tanner* Where Residing if not at place of death *Jennings*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Elizabeth Lommer*

Father's Name *John Lommer* Father's Birthplace *Germany*

Mother's Maiden Name *Do not know* Mother's Birthplace *Germany*

Name of person giving information *John Miller* How related to deceased *Wife*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Asthma Mitral & Aortic regurgitation 8 months* How long

Immediate *distal and aneurysm* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. T. Robinson*

Address *Brantville*

Accident or Suicide? *No*

